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WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 15202

1. OWNER Eastern Beltway Ltd. ADDRESS AT WELL LOCATION \_\_\_\_\_  
 MAILING ADDRESS 7448 West Sahara  
Las Vegas, Nev. 89123  
 2. LOCATION SE 1/4 NE 1/4 Sec. 23 T. 22 N/S R. 61 E. County \_\_\_\_\_  
 PERMIT NO. 17723604001 Issued by Water Resources Parcel No. \_\_\_\_\_ Subdivision Name \_\_\_\_\_

3. WORK PERFORMED  
 New Well  Replace  Recondition  
 Deepen  Abandon  Other \_\_\_\_\_  
 4. PROPOSED USE  
 Domestic  Irrigation  Test  
 Municipal/Industrial  Monitor  Stock  
 5. WELL TYPE  
 Cable  Rotary  RVC  
 Air  Other \_\_\_\_\_

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Baroid Bentonite Grout</u>		<u>300</u>	<u>100</u>	<u>200</u>
<u>Concrete Grout</u>		<u>100</u>	<u>SURFACE</u>	<u>100</u>
<u>Bentonite Grout</u>				
<u>Pumped From 300ft</u>				
<u>to 100 ft.</u>				
<u>Concrete Grout</u>				
<u>Dumped From Truck</u>				

8. WELL CONSTRUCTION  
 Depth Drilled \_\_\_\_\_ Feet Depth Cased \_\_\_\_\_ Feet  
 HOLE DIAMETER (BIT SIZE)  
 From \_\_\_\_\_ To \_\_\_\_\_  
 Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:  
 Type perforation \_\_\_\_\_  
 Size perforation \_\_\_\_\_  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Neat Cement  
 Cement Grout  
 Concrete Grout  
 Depth of Seal \_\_\_\_\_  
 Placement Method:  Pumped  Poured  
 Gravel Packed:  Yes  No  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

9. WATER LEVEL  
 Static water level 108 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started 3-15 1997  
 Date completed 3-17 1997

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name MURRELL Redding Contractor  
 Address 8170 Haven Contractor  
Las Vegas Nev. 89123  
 Nevada contractor's license number issued by the State Contractor's Board 38155  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1798  
 Signed Murrell Redding  
 By driller performing actual drilling on site or contractor  
 Date 3-17-97